

Official Form 1 (12/03)		United States Bankruptcy Court Northern District of Illinois		Voluntary Petition									
Name of Debtor (if individual, enter Last, First, Middle): Phillips, Felicia R		Name of Joint Debtor (Spouse) (Last, First, Middle):											
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):											
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): xxx-xx-8116		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):											
Street Address of Debtor (No. & Street, City, State & Zip Code): 1035 McKnight Circle #4 Rockford, IL 61107		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):											
County of Residence or of the Principal Place of Business: Winnebago		County of Residence or of the Principal Place of Business:											
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):											
Location of Principal Assets of Business Debtor (if different from street address above):													
Information Regarding the Debtor (Check the Applicable Boxes)													
Venue (Check any applicable box) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.													
Type of Debtor (Check all boxes that apply) <input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Railroad <input type="checkbox"/> Corporation <input type="checkbox"/> Stockbroker <input type="checkbox"/> Partnership <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Other _____ <input type="checkbox"/> Clearing Bank			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding										
Nature of Debts (Check one box) <input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			Filing Fee (Check one box) <input type="checkbox"/> Full Filing Fee attached <input checked="" type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.										
Chapter 11 Small Business (Check all boxes that apply) <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101 <input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)													
Statistical/Administrative Information (Estimates only) <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Estimated Number of Creditors</td> <td style="width: 12.5%;">1-15 <input type="checkbox"/></td> <td style="width: 12.5%;">16-49 <input checked="" type="checkbox"/></td> <td style="width: 12.5%;">50-99 <input type="checkbox"/></td> <td style="width: 12.5%;">100-199 <input type="checkbox"/></td> <td style="width: 12.5%;">200-999 <input type="checkbox"/></td> <td style="width: 12.5%;">1000-over <input type="checkbox"/></td> </tr> </table>						Estimated Number of Creditors	1-15 <input type="checkbox"/>	16-49 <input checked="" type="checkbox"/>	50-99 <input type="checkbox"/>	100-199 <input type="checkbox"/>	200-999 <input type="checkbox"/>	1000-over <input type="checkbox"/>	
Estimated Number of Creditors	1-15 <input type="checkbox"/>	16-49 <input checked="" type="checkbox"/>	50-99 <input type="checkbox"/>	100-199 <input type="checkbox"/>	200-999 <input type="checkbox"/>	1000-over <input type="checkbox"/>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Estimated Assets \$0 to \$50,000 <input checked="" type="checkbox"/></td> <td style="width: 12.5%;">\$50,001 to \$100,000 <input type="checkbox"/></td> <td style="width: 12.5%;">\$100,001 to \$500,000 <input type="checkbox"/></td> <td style="width: 12.5%;">\$500,001 to \$1 million <input type="checkbox"/></td> <td style="width: 12.5%;">\$1,000,001 to \$10 million <input type="checkbox"/></td> <td style="width: 12.5%;">\$10,000,001 to \$50 million <input type="checkbox"/></td> <td style="width: 12.5%;">\$50,000,001 to \$100 million <input type="checkbox"/></td> <td style="width: 12.5%;">More than \$100 million <input type="checkbox"/></td> </tr> </table>						Estimated Assets \$0 to \$50,000 <input checked="" type="checkbox"/>	\$50,001 to \$100,000 <input type="checkbox"/>	\$100,001 to \$500,000 <input type="checkbox"/>	\$500,001 to \$1 million <input type="checkbox"/>	\$1,000,001 to \$10 million <input type="checkbox"/>	\$10,000,001 to \$50 million <input type="checkbox"/>	\$50,000,001 to \$100 million <input type="checkbox"/>	More than \$100 million <input type="checkbox"/>
Estimated Assets \$0 to \$50,000 <input checked="" type="checkbox"/>	\$50,001 to \$100,000 <input type="checkbox"/>	\$100,001 to \$500,000 <input type="checkbox"/>	\$500,001 to \$1 million <input type="checkbox"/>	\$1,000,001 to \$10 million <input type="checkbox"/>	\$10,000,001 to \$50 million <input type="checkbox"/>	\$50,000,001 to \$100 million <input type="checkbox"/>	More than \$100 million <input type="checkbox"/>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Estimated Debts \$0 to \$50,000 <input type="checkbox"/></td> <td style="width: 12.5%;">\$50,001 to \$100,000 <input checked="" type="checkbox"/></td> <td style="width: 12.5%;">\$100,001 to \$500,000 <input type="checkbox"/></td> <td style="width: 12.5%;">\$500,001 to \$1 million <input type="checkbox"/></td> <td style="width: 12.5%;">\$1,000,001 to \$10 million <input type="checkbox"/></td> <td style="width: 12.5%;">\$10,000,001 to \$50 million <input type="checkbox"/></td> <td style="width: 12.5%;">\$50,000,001 to \$100 million <input type="checkbox"/></td> <td style="width: 12.5%;">More than \$100 million <input type="checkbox"/></td> </tr> </table>						Estimated Debts \$0 to \$50,000 <input type="checkbox"/>	\$50,001 to \$100,000 <input checked="" type="checkbox"/>	\$100,001 to \$500,000 <input type="checkbox"/>	\$500,001 to \$1 million <input type="checkbox"/>	\$1,000,001 to \$10 million <input type="checkbox"/>	\$10,000,001 to \$50 million <input type="checkbox"/>	\$50,000,001 to \$100 million <input type="checkbox"/>	More than \$100 million <input type="checkbox"/>
Estimated Debts \$0 to \$50,000 <input type="checkbox"/>	\$50,001 to \$100,000 <input checked="" type="checkbox"/>	\$100,001 to \$500,000 <input type="checkbox"/>	\$500,001 to \$1 million <input type="checkbox"/>	\$1,000,001 to \$10 million <input type="checkbox"/>	\$10,000,001 to \$50 million <input type="checkbox"/>	\$50,000,001 to \$100 million <input type="checkbox"/>	More than \$100 million <input type="checkbox"/>						
THIS SPACE IS FOR COURT USE ONLY													

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s)
Phillips, Felicia R

Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)

Location

Where Filed: **This District**

Case Number:

02-75303

Date Filed:

11/15/02

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X 
Signature of Debtor **Felicia R Phillips**


X _____
Signature of Joint Debtor

Telephone Number (If not represented by attorney)

December 10, 2004

Date

Signature of Attorney

X 
Signature of Attorney for Debtor(s)

Brian A. Hart

Printed Name of Attorney for Debtor(s)

Brian A. Hart Law Offices, P.C.

Firm Name

308 W. State Street

Suite M8

Rockford, IL 61101

Address

815-964-4278 Fax: 815-964-4280

Telephone Number

December 10, 2004

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X _____
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X 
Signature of Attorney for Debtor(s)

December 10, 2004

Date

Brian A. Hart

Exhibit C

Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No

Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Printed Name of Bankruptcy Petition Preparer

Social Security Number (Required by 11 U.S.C. § 110(c).)

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X _____
Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Form B6D
(12/03)

In re **Felicia R Phillips**

Case No. _____

Debtor

SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR ROTOR	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CON TIN GENT	UN LI QUID ATED	DIS PUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No.			2000 Ford Expedition					
US Bank P.O. 5229 Cincinnati, OH 45201								
			Value \$ 13,000.00				18,000.00	5,000.00
Account No.								
			Value \$					
Account No.								
			Value \$					
Account No.								
			Value \$					

0 continuation sheets attached

Subtotal
(Total of this page)

18,000.00

Total

18,000.00

(Report on Summary of Schedules)

Felicia Phillips

In re **Felicia R Phillips**

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

☐ **Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Form B06 - Cont.
(04/04)

In re Felicia R Phillips

Case No. _____

Debtor

SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B I T O R	H W J C	Husband, Wife, Joint, or Community	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No.				2003 Taxes					
ILLINOIS DEPARTMENT OF REVENUE Bankruptcy, Bulk Sales & Probate 100 W. Randolph St. L Chicago, IL 60601-3195									
								1,500.00	1,500.00
Account No.									
Account No.									
Account No.									
Account No.									

Sheet 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal
(Total of this page)

1,500.00

Total

1,500.00

(Report on Summary of Schedules)

Felicia Phillips

Form B6F
(12/03)

In re **Felicia R Phillips**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C					
Account No. ALLIED BUSINESS ACCOUNTS, INC. 300 1/2 South Second Street P.O. Box 1600 Clinton, IA 52733	-		collection for Rockford Health System & other misc. accounts				892.61
Account No. American Family Insurance 1946 Damlar Road Rockford, IL 61126	-		Insurance				118.00
Account No. Anesthesiology Services 6785 Weaver Road, Suite 2D Rockford, IL 61114	-		medical				543.10
Account No. BELOIT MEMORIAL HOSPITAL 1969 West Hart Road Beloit, WI 53512	-		medical				478.91
Subtotal (Total of this page)							2,032.62

4 continuation sheets attached

Felicia Phillips

Form B9F - Cont.
(12/03)

In re **Felicia R Phillips**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A Y E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			merchandise				
BERGNER'S/CARSON PIRIE SCOTT P.O. Box 17633 Baltimore, MD 21297-1633	-						3,642.00
Account No.			misc. charges				
CITI CARDS P.O. Box 6000 The Lakes, NV 89163-6000	-						7,500.00
Account No.			utilities				
COMMONWEALTH EDISON COMPANY System Credit/ Bankruptcy Dept. 2100 Swift Drive Oak Brook, IL 60523	-						400.00
Account No.			misc. charges				
FIRST PREMIER BANK P.O. Box 5524 Sioux Falls, SD 57117-5524	-						700.00
Account No.			cable services				
INSIGHT COMMUNICATIONS Attn: Sandy Windell 810 20th Street Rockford, IL 61104	-						362.00
Sheet no. <u>1</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							12,604.00

Form B6F - Cont.
(12/03)

In re **Felicia R Phillips**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			phone services				61.50
MCI 205 North Michigan Avenue, Ste. 250 Chicago, IL 60601		-					
Account No.			medical				1,259.00
Monson Chiropractic 3779 N. Alpine Rd. Rockford, IL 61114		-					
Account No.			utilities				450.00
NICOR GAS COMPANY P.O. Box 549 Aurora, IL 60507		-					
Account No.			medical				6,723.00
OB-GYN ASSOCIATES, LTD. 6030 Garrett Lane Rockford, IL 61107		-					
Account No.			medical				8,223.41
ROCKFORD HEALTH SYSTEMS Rockford Clinic 2300 N. Rockton Avenue Rockford, IL 61103		-					
Subtotal (Total of this page)							16,716.91

Sheet no. 2 of 4 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Form B6F - Cont.
(12/03)

In re **Felicia R Phillips**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E D E B T O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			collections for and other misc. accounts				
ROCKFORD MERCANTILE AGENCY 2502 S. Alpine Road Rockford, IL 61108		-					1,700.00
Account No.			medical				
ROCKFORD RADIOLOGY P.O. Box 5368 Rockford, IL 61125-0368		-					689.00
Account No.			phone				
SBC/Ameritech Consumer Bankruptcy P.O. BOX 769 Arlington, TX 76004		-					459.23
Account No.			collections				
SECURITY FINANCE 2233 Charles Street Suite E Rockford, IL 61108		-					700.00
Account No.			misc. charges				
SHELL CREDIT CARD CENTER P.O. Box 9151 Des Moines, IA 50368-9151		-					1,200.00
Sheet no. 3 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							
Subtotal (Total of this page)							4,748.23

Form B6F - Cont
(12/03)

In re **Felicia R Phillips**

Case No. _____

Debtor

SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.			services				
SPARKLING SPRING MINERAL COMPANY 565 Lakeview Parkway Suite 120 Vernon Hills, IL 60061		-					150.79
Account No.			loan				
U.S. Bank/Firststar Bank P.O. BOX 5229 Cincinnati, OH 45201		-					5,734.00
Account No.			dental				
VINCENT ZAMMUTO, DDS, LTD. 4001 North Mulford Road Rockford, IL 61111-6949		-					300.00
Account No.							
Account No.							

Sheet no. **4** of **4** sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page)

6,184.79

Total
(Report on Summary of Schedules)

42,286.55